STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typyir is changed) over the lines	
Adam Smith f	or Congress Committee	
ADDRESS (number and	PO Box 23626	
(Check if address is changed)	Federal Way	
	CITY▲	STATE▲ ZIP CODE ▲
(Check if address is changed)	L ADDRESS (Please provide only one e-mail address) phil@seattlecfo.com	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) http://www.electadamsmith.com	
2. DATE 0.3	03 2010	* * *
4. IS THIS STATEM		DED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true. Treasurer Philip Lloyd	ue, correct and complete
Signature of Treasurer	Electronically Filed by Philip Lloyd	Date 03 / 03 / 2010
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person sign	
Office Use Only		information contact: ion Commission -424-9530 (Revised 02/2009)